



*"Happy Children,  
Healthy Families,  
Helpful Communities"*

# CAMHD Newsletter

Child and Adolescent Mental Health Division, Hawai'i State Department of Health

## Chief's Message

As we come to the close of fiscal year 2006, I'm faced with the undeniable fact that another year has passed. We have grown and changed as individuals and professionals. Hopefully, we are all a bit wiser in our practices and more compassionate with one another. Our system, too, has aged another year.

The last twelve months have demonstrated that by collaboratively monitoring the system, we are able to identify, analyze and resolve problems. We continue to be nationally recognized for the accomplishments of our system. Other communities and states are intrigued by our strategies and are looking to us as a model of partnerships between government and provider agencies, state agencies and higher education, and professionals with families.

Our participation in the national research studies of Beth Stroul, from Georgetown Technical Assistance Center, and Sharon Hodges, from University of South Florida, demonstrate the interest from academicians and national leaders in what we've been able to do with Hawaii's children's' mental health system. Their research on financing and implementing systems of care allowed us to showcase some of our success.

This spring CAMHD engaged in the annual federal monitoring of managed care entities for our Support for the Emotional and Behavioral Development (SEBD) of youth program. The reviewers were complementary of the strength of CAMHD as an organization, scoring an overall 99% on the standards.

This is indeed an exciting time for our system. I want to thank provider agencies that allocated significant personnel time in the writing of competitive proposals for the contracts to be effective next month. Your hard work showed your commitment and vision in serving our children and families. As we approach this new fiscal year, we are working to assure that there is a smooth transition into the new service agreements. If there are any delays in the contracting process, we will keep your agencies informed. We appreciate your partnering with us during this transitional period.

I want to highlight a few areas of the new contracts that are of particular interest. First is the implementation of the newly required position of the Family Resource Specialist. This family member, affiliated with each contracted agency, is encouraged to contact Hawaii Families As Al-

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## Family/Systems Therapy in Systems of Care



*Presented by Michael Rimm, MD, Maui FGC Clinical Director and Community Psychiatry Committee Chair and Andres J. Pumariega, MD., Fellow, Chair, Department of Psychiatry, Reading Hospital and Medical Center, Pennsylvania.*

**D**r. Michael Rimm, Clinical Director at the Maui Family Guidance Center presented along with Dr. Andres Pumariega, Fellow of the American Academy of Child Adolescent Psychiatry and Chair, Department of Psychiatry, Reading Hospital and Medical Center at will present a workshop at the 53<sup>rd</sup> Annual Meeting of the American Academy of Child and Adolescent Psychiatry to be held in October in San Diego, California. The workshop, titled "Family/Systems Therapy in Systems of Care will that detailed specific family and community centered, systemically driven therapeutic techniques that have been adapted to meet the complex needs of clients and families served in the developing organized systems of care movement. Aspects of the system of care movement (such as our system in Hawaii) in the United States, the 2003 President's New Freedom Commission Report on Mental Health to the President, the Child Adolescent Service System Program (CASSP) principles, the American Academy of Child and Adolescent

Psychiatry Practice Parameter for the Assessment of the Family (draft 2005) and the utilization of the Child/Adolescent Service Intensity Instrument in Hawaii will be briefly presented in order to segue into the presentation of family centered/systemically driven therapeutic techniques. Illustrative cases will be presented and the workshop will then be opened with the for presentation/discussion of clinical case material.

As highlighted in the 2003 President's New Freedom Commission Report on Mental Health, mental health problems for children and adolescents are considered to be a public health crisis affecting children, adolescents and families in all areas of life. The report highlights several obstacles to the delivery of effective mental health services, particularly to those considered to be most in need of such services, and presents a vision and strategy to develop and enhance the capacity of service delivery.

The report called for services that are specifically organized in a manner that emphasize the critical role of the family as the most significant, life long resource available to the children and adolescents with mental health problems. Such services are to have the family at the center of the treatment plan while working in constant collaboration with the service providers. Interventions are to focus on client and family strengths and potential, as well as techniques to carefully coordinated multi-agency services in a manner that maximizes the opportunity to maintain children in their homes and communities. They are to be culturally sensitive and emphasize the important roles of naturalistic supports.

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## HYHY Conference

Hawaii Families As Allies invites you to join them at their **Hawaii Youth Helping Youth** Conference.

### "The Choices We Make"

WHO: Youth Ages 14-25 with Emotional and/or Behavioral Challenges

WHEN: Sat., 7/8/2006

TIME: 9 AM—2 PM

(8:30 AM—Breakfast & Registration)

WHERE: The Filipino Community Center

94-428 Mokuola Street, Wai-pahu

### Special Guests:

*Da Bruddahs*

*Paul Clayton, Illicit Wear*

*Senator Suzanne Chun-Oakland*

Free event co-sponsored by CAMHD and SAMHSA

Airfare scholarships are available on a limited basis. Please call to check on availability.

For more information call: 487-8785

Neighbor Islands toll-free: 1-866-361-8825





## VIRGINIA R. SHAW, PH.D.

**C**ongratulations to Virginia R. Shaw, Ph.D., Maui FGC Branch Chief, who had her 10 year employment anniversary with MFGC on February 22, 2006.



Dr. Shaw, Ph.D., has been a member of the Child and Adolescent Mental Health Division since 1996. She joined the Maui FGC on 2/22/96 as a Clinical Psychologist VI and since October 1996 she has been the Branch Chief of the Maui

FGC.

Her 20+ years of post-doctoral clinical experience includes adult and children's mental health services in public and private settings. She has experience in mental health care administration, psychological and neuropsychological assessment, individual and group psychotherapy, family therapy, consultation and research. She received her B.A. (Magna cum laude) from Kansas Wesleyan University, her M.A. in clinical-community psychology from Wichita State University, and her Ph.D. in clinical psychology from the University of Southern Mississippi (APA-approved). Her predoctoral clinical psychology internship (APA-approved) was at the University of Oklahoma Health Sciences Center. She also completed a postdoctoral fellowship in clinical neuropsychology at UCLA's Neuropsychiatric Institute.

She has received numerous national and local awards for professional excellence and humanitarian civic service. For example, Letter of Appreciation from The Community Children's Council of Maui, 2006; Certificate of Appreciation from Maui Youth and Family Services, 2003; Certificate of Recognition from the Hawaii Special Parent Information Network, 2003; Who's Who of America Women

since 1991; National Distinguished Service Registry in Rehabilitation, 1989; Dallas Mayor's Appreciation Award for assistance with handicapped employment in 1987; Who's Who Among Human Services Professionals; Who's Who of Emerging Leaders in America, 1993; and most recently, Who's Who in the World. Her participation with community service organizations includes being Secretary, (2003-2005), Vice President (2005-2006) and President (2006-2007) for Soroptimist International of Maui; Secretary (2006-2007) for Maui Business and Professional Women. She has been named to the Governor's Commission on Mental Health and Substance Abuse for the Term 2003-2007

Beginning 1975 she has had several professional publications, paper presentations, and seminar and workshop presentations. Dr. Shaw has made local, state, national and international conference presentations in the area of clinical neuropsychology and head injury rehabilitation since 1987. She has made numerous presentations at state and national conferences on Hawaii's system of care, Felix Consent Decree, interagency accountability, and family engagement since 2001. Her memberships include the American Psychological Association, International Neuropsychological Society, National Academy of Neuropsychology, and Hawaii Psychological Association.

*Alone we can do so little; together we can do so much." -- Helen Keller*

Please join our Maui FGC 'ohana in prayer and thoughts as we continue to support our secretary, Marion Martinez, in her recovery from surgery. Marion had been diagnosed with stomach cancer approximately two years ago, and continues to fight this terrible affliction. Marion's twin sister, Le'o Asuncion, MHS-I has been a constant supporter and fighter along side her sister. We at CAMHD send our well wishes and support for both Marion and Le'o.





## Seeing is Believing AND Believing is Seeing

By Lesley A. Slavin, Ph.D.

When I was first dating my husband Paul, I learned a useful lesson from him. I was washing dishes and he was drying. He questioned why I had left a big burnt drip on a baking pan. I said, "well, it's baked on – it won't come off." This is what my mother (never big on cleaning) always told me. At his urging, I tried scrubbing a little harder with a scouring pad – and it came right off! Suddenly, I had a new vision of what is possible, and that vision continues to motivate my successful scrubbing of baking pans to this day.

I was reminded of this incident last week after a brief conversation with Al Arensdorf, our recently retired medical director. We were talking about a nationally prominent psychiatrist whose work we both admire. Al commented that he was disappointed to find that this person continues to believe there are some kids we just can't help. I recalled that in fact Al has always paid close attention to the values and beliefs expressed by professionals who work in our system. This led me to contemplate the power of our beliefs as they relate to the success of our treatment efforts. Is it something like cleaning a pan? If you believed the problem were unfixable (the black stuff was "baked-on") why would you even try?

Next, I thought: "But this isn't a religion! Aren't we supposed to be skeptical, scientific thinkers? Should we really put a lot of stock in a clinician's beliefs? Is this *evidence-based*?" This led me to contemplate a number of ideas about "expectancy effects" familiar to me from my psychology research textbooks. I thought about the principal of using "double-blind" research designs in medication trials, where those administering the drugs

don't know whether they are giving the placebo or the real drug. Why is this an impor-

tant design feature? It's important because of expectation effects. If the doctor expects the medication to work and expects the placebo NOT to work, this will boost the apparent effect of the medication unfairly. Similarly, in psychotherapy research, the most sophisticated research designs comparing two treatments use clinicians to provide each treatment who "believe in" that approach – so each treatment gets a fair trial.

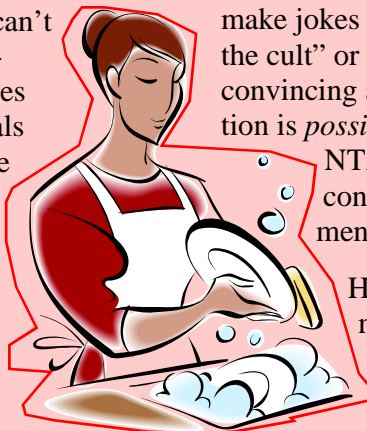
This led me to reflect about my experience with the CERC project over the past two years. A significant part of our work has been to share stories and data from hospitals and residential centers across the country that have been able to reduce or eliminate their use of seclusion and restraint. Many CAMHD providers attended the training we sponsored in September by the National Technical Assistance Center for Mental Health Planning (NTAC) on reducing seclusion and restraint. Attendees at NTAC training sessions frequently make jokes about being "converted," being "in the cult" or "drinking the Kool-Aid." Indeed, convincing attendees that this kind of transformation is *possible* is an important training goal for NTAC. And it seems to be a necessary condition for getting a real shift in treatment cultures to occur.

Here in Hawaii, Queen's Family Treatment Center sent several key leaders to NTAC training in Seattle last January and later sent a large cadre of staff to our session in Honolulu in September. Learning that it is really possible to reduce the use of seclusion and restraint even with

youth who present major challenges has been an important catalyst for bringing about a very significant reduction in these incidents in the Queen's program [see the March 2006 issue of this newsletter for more information].

It seems to me that some of the most important developments in Mental Health over the past dec-

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*Just give me a good scouring pad and I know I can get that pan clean!!*

## ***Seeing is Believing*** (Continued from page 4)

ade involve shifts in the beliefs and attitudes of care providers. The recovery model in adult mental health and our own Child and Adolescent Service System Program (CASPP) principals rest on the idea that good mental health care requires recognition of strengths and hopeful expectations. Every youth and family deserves a provider who has hope and believes in the potential for growth and change. This is the essence of the idea of a “strengths based approach” – that we look for, “see,” and utilize the strengths of youth and families, believing they can develop lives that are worth living.

Similarly, I think clinicians deserve to have treatment tools, training, supervisory support, and

other resources available to build a sense of efficacy and optimism about the help they can provide. I worked for many years on a mental health team in another state that was successful in helping youth with severe difficulties and their families stay out of residential care and build positive futures.

I know that this first-hand experience helps me hold on to optimism about what is possible for our youth. Maintaining our optimism is also an important reason for using treatment approaches that are evidence based. They offer well-described treatment procedures that help keep therapists focused on tangible goals. AND knowing there is strong evidence that the approach is effective can help sustain our belief through the rough spots.

## **Family/Systems Therapy in Systems of Care** (Continued from page 2)

The system of care model aims to deliver services in a manner described in the 2003 President’s New Freedom Commission Report. It expands the family focus of community-based treatment for children to a more contextual model where the environment that the child and family live and develop in is fully considered in assessment, service planning, and services delivery. This model also calls for families to be change agents and allies in treatment rather than pathogenic targets of treatment. With an emphasis on CASSP principles and the delivery of evidenced-based, outcome-driven services, child psychiatrists and other mental health workers are expected to plan and deliver a broad array of services consistent with these principles and guidelines.

Early family therapy techniques were primarily concerned with the interactional patterns that promoted or limited the achievement of developmentally appropriate goals of children and adolescents with mental health needs. Very much of the focus was on client and family strengths and the capacity for specific change was inherent in the delivery of the interventions. Most attention was directed toward the organization of the family with varying attention given to the significant external influences of key outside

agency involvement. These techniques directly target key interactions with the family and the other agencies key to promoting potential and stability. Supportive evidence has been accumulating over the years for family centered treatments such as with Multi-Systemic Therapy, Functional Family Therapy and a variety of others.

This workshop reviews the basic principles and techniques of family family/systems therapy and will emphasized their adaptation in a manner that effectively includes participation of significant members of the treatment team. Similarities and differences with the earlier techniques will be described. The participants will learn learned how such techniques can lead to the identification of achievable client and family centered goals. Importantly, the participants learned how these techniques may be applied to maintain team cohesion, minimize service fragmentation, and assure that the family and community are always considered to be at the center of the treatment. The workshop will also included discussion around the use of systematic tools for contextual assessment, such as the Child and Adolescent Services Intensity Instrument (CASII; AACAP, 2004) in contextual assessment and how this relates to a family-focused approach within a system of care.

## Chief's Message *continued from page 1*



lies and the local Community Children's Council to share information about how this position will be implemented in your agency. The second interest is the position of the Youth Specialist. The Youth Specialist of each agency is encouraged to contact the Hawaii Youth Helping Youth council to learn how they can become involved in the statewide effort to give youth more consistent voices in our system.

Please encourage your agency's Youth Specialist(s) to attend the Annual Youth Conference on July 8, 2006. This conference is sponsored by HYHY and will provide the opportunity to learn what the current status of this movement is in our system, and where it may go over the next year.

Third, agencies providing out of home services have seen that there have been adjustments to the number of treatment beds awarded this upcoming year. This adjustment conveys CAMHD's commitment to "right sizing" this system. We will continue to track utilization and wait lists and increase or decrease the

contracted bed amount based upon the needs of our community. Again, I thank the agencies for your understanding and willingness to adjust your programs based upon need. I invite you to continue informing us about the viability and vulnerability of your agencies.

I'm looking forward to a year of predictable system growth. At this time next year, the system won't be exactly the same, but I'm expecting a year free of too many surprises. We'll continue using data and stakeholder input to improve and tweak the system as needed. We face significant personnel transitions within CAMHD, but the provider agencies should be less impacted by those changes. We'll continue monitoring our financial status and maximize federal funding as much as possible. The strategic planning process is underway to be finalized in early December. We'll continue to keep you informed of these issues as the year moves along.

**Mahalo for your partnerships. And, Happy New Fiscal Year to all!**



### *Hawaii Family Guidance Center Hui Ho'okele Day*

**O**n May 8th, 2006, an Open House event was hosted by the Hilo and Puna units of Hawai'i Family Guidance Center as part of its recognition of Children's Mental Health Awareness month. The event drew the participation of many of the staff as they prepared their drab office spaces with personal touches like plants, flowers, photos, and symbolic mementos and artwork.

The Center had recently moved to 88 Kanoelehua Avenue during the Summer of 2005 and an "office blessing" was included as a part of the Open House. This cultural ceremony was conducted by Hilo's own Auntie Ulunui Garmon, Edith Kanaka'ole's daughter. She inspired us by coming to the office prior to the event to teach us the protocols of "Moku O Ka Piko" (Severing of the Naval Cord). That "teaching moment" helped us to understand the reasons why we chose to have our office blessed: to renew our

commitments as members of the Center and all that it encompasses and to cleanse and purify the atmosphere so that good works will flow through our office space. ( Above photo of the "Piko")

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## Network News

### ***Ka Piko Kukui Ohana Management System***

Rafael Ayala and Robin G. Pilus (MYFS)



**M**auai, Hawaii -May 7, 2006 Maui Youth and Family Services (MYFS) **Ho'omaka Hou** substance abuse programs have implemented the **Ka Piko Kukui Ohana's** as part of the new MYFS Ohana Management System (OMS). On April 28, an emotional "**ohana**", proudly graduated their first client from the program under this protocol.

After the graduation luncheon, a ceremony was held that honored the graduate who was adorned with a lei. Fellow clients, staff and other members of the community at large attended the celebration. The ceremony allowed each guest to address the graduate and offer him his or her **mana'o** for his future. In response, the graduate addressed each attendee with his feelings.

The ohanas at MYFS have been developed to incorporate many significant therapeutic activities that enhance existing activities. Exercises that bridge the Hawaiian culture and residential treatment have enhanced the agency's efficiency and effectiveness in a residential setting. Activities such as the "**Bowl of Light**" provide conflict resolution practices through **Ho'opono'pono**.



Another component used in the programming is the "**Hawaiian Line of Authority**" The Hawaiian Line of Authority focuses on the sharing of responsibility (**kuleana**). Responsibility for self- development

and growth is shared by both staff and residents and are the essential fundamental tenants that are at the core of OMS.

The OMS system incorporates the "**best practices principles**" of empowering the residents to take

an active role for their own life, learning, and treatment. By taken on responsibility of their world and reality and becoming proactive participants in the therapeutic milieu. By learning from one another in group therapy, am, and pm groups. Through daily chores and activity schedules our residents become social learners who benefit from the larger community of the ohana.

Community members are encouraged to take an active part in becoming part of the ohana. One local craftsman helped the boys at **Ho'omaka Hou** make their own fishhooks (makau) out of wood.

On another afternoon, Hawaiian singer/songwriter legend, **Richard Ho'opi'i** came and shared his amazing song and ukulele skills with both the boys and girls in the program.



One client expressed himself by saying, "I got into drugs and alcohol because I thought it could help me get away from my problems and keep me happy. I soon got into trouble with the law, at school and home. I came to MYFS **Ho'omaka Hou** Program and have learned how to communicate and express my feelings with my parents and other people. I also learned that my drug problem made my life uncontrollable. I am grateful to MYFS because they have provided me a place for treatment."

*He kehan ho'oma'ema'e ke aloha.*

*Love is like a cleansing dew*

*Journal Entry Excerpts by Kuulei Wilton  
Provider Relations Liaison*

*April 28, 2006*

**T**oday I was privileged to attend the graduation ceremonies for "Tom" (not his real name). Tom is the first youth to graduate from the Maui Youth and Family's "Ohana Management System" program at the Ho'o Maka Hou Boy's House. I really did not know what to expect but looked forward to attending the celebration.



As I entered the residence the house had an "Ohana" ambience and was welcomed by a young man who presented little welcome gift. The house was obviously many years old physically, but emanated evidence of life in progress. The living room area was decorated with Hawaiian greenery with a central area set up as the celebratory focal point. The walls were covered with mototos, achievement recognitions, artwork, and Hawaiian motifs.

What happened after the initial greetings and lunch was very special! Tom is the first to graduate from this Ohana Management System. A ceremony was planned to reflect the Ohana approach and to celebrate the achievements of one of their own. We all sat in the living room area in a large circle around the centerpiece of the room....a mat on the floor with two very long haku leis bordering the mat .....my focus centered on this young man as I watched him interact with strangers, staff and fellow residents.

Rafael began the ceremony as he told of Tom's accomplishments and then presented him with a kukui nut

chocker lei, strung with half kukui nut shells. Rafael then asked Tom to pass the lei to the person sitting next to him to say whatever they wanted to say to him and then pass it on to the next person. As the first young man shared his thoughts it became evident that Tom had an impact on the lives of his Ohana at Ho'o Maka Hou. Every resident there were very sincere in their words and the emotion in the room was very strong. Some found the emotion too strong to speak and passed the lei on silently and even in tears. The staff also showed the impact Tom had on their lives. They joked about how he was when he first came in but how he developed into a young man who accomplished much and how he helped the others in his Ohana. One staff broke down and could not speak...his eyes focused straight on Tom as he told his story. There were tears shed throughout the room.

Family's remarks were of the gratitude they felt that he was now able to be back home with them. You could sense their strong desire that he be able to make it...that he will be able to make right choices for himself. It seemed to me that they were still not sure of what was to come but was hoping for the best. They loved him very much and expressed their gratitude for the staff helping make this happen and even more so for the fact that they had this resource to help their family.

It was Tom's turn to thank everyone in the room. He then spoke to each one in the circle and thanked them and had words to share with his fellow residents. The words he spoke, like that of the other young men in the room reflected his desire to make things right and with the help of the staff and the other young men he was able to get to this level. By no means did he give the impression that the journey was over. He asked his friends to make the right choices. He wanted them to get to this point in their lives. I was impressed with the sincerity of his voice and his eyes that seem to reflect gratitude with a desire to make it. It was a privilege to witness this ceremony and see positive outcomes for one of our youth. Mahalo to Ho'o Maka Hou ohana.





## Day Treatment Pilot Program –

### Mokihana News

By Kya Asano

**T**he Day Treatment Program housed at Kauai High School is a highly-structured classroom designed for students who have repeatedly demonstrated that they are unable to learn and be safe on the regular school campus. Most frequently, the program is used as an alternative to a residential treatment setting, or as a transitional classroom for students returning from residential facilities.

The program is designed for a small number of students and has a high staff-to-student ratio. The staff for the program includes one special education teacher, one Family Support Worker (with a strong background in behavior modification and mental health intervention), one Educational Aide and a clinical psychologist who oversees the program by conducting a weekly case review with staff as well as a therapy group with the students each week. He can also be called over to the classroom on an as-needed basis.

A major difference between Day Treatment and other kinds of school programs is the high degree of involvement that staff have with students' families. Weekly contact is a mandated part of the program, and daily contact is the norm. For hard-to-reach families, Day Treatment staff will work in concert with MST, Family Court, or Drug Court to keep family members involved with the student's progress.

The primary goal of Day Treatment is behavior modification: a student is considered a success when they demonstrate the ability to consistently behave in a manner that would be acceptable on the regular school campus. The program functions on a consistently implemented point system and a related three-level system. Students can earn points as they achieve both standardized program goals and individualized behavioral goals.

The student begins the program on level 1 where there are no privileges. If a student earns adequate points for enough consecutive days, he/she can move up levels within the program. At Level 1 he/she must stay in the classroom at all times unless escorted on campus. Five consecutive days with 80% points will move the student up to Level 2.

On level 2, certain rewards are available in the classroom including snacks, computer time, and selected videos on Friday afternoons. Some unescorted time on campus is allowed. 15 consecutive days on level 2 with 85% points will move the student up to Level 3.

On Level 3, all classroom rewards are available. Recess time is allowed unescorted on campus. Most importantly, transition to classes on regular school campus begins. When a student has maintained his/her behavior in 3 classes

for at least a quarter, the program transitions the student back into the regular school environment for all 6 classes.

As a pilot program, Day Treatment at Kauai High School has served 9 students in its 2-year history. Keeping in mind that Day Treatment is reserved for only those students with the most severe behavior challenges, the program has seen successful transitions for several students to the regular school campus where they are doing well enough to be considered for discharge from School Based Behavioral Health services altogether. Another student has transitioned into an independent living program rather than continuing to live at home where there were a number of high-risk factors. The student is now succeeding in that program.

In summation, the Day Treatment program at Kauai High School is an effort to provide intensive behavioral health services to students with very serious behavior challenges in their natural community setting as an alternative to or transition back from residential treatment. The program demands high-quality, dedicated staff who can work well together in order to consistently implement a behavior modification program. So far, outcomes have been promising given the high-risk population that the program is designed to serve.

# Congratulations Charmaine Mattos

CAMHD Employee of the Quarter

**H**ui Holomua is happy to announce that the recipient of the CAMHD Employee of the Third Quarter is Charmaine Mattos. Charmaine is the Mental Health Supervisor I for the Hilo section of the Hawaii Family Guidance Center. On April 6, Charmaine was honored with a gift card generously donated by EMT members and a certificate of appreciation signed and presented by CAMHD Division Chief, Tina Donkervoet.

As soon as Tina announced that she was there to present the Employee of the Quarter Award to someone who had provided great leadership in East Hawaii, the room exploded in cheers and applause. Everyone knew she was talking about Charmaine before her name was ever mentioned! Many staff began to share how Charmaine has supported them over time. She expressed thanks for the award and was visibly moved by the recognition.

Some of Charmaine's contributions to CAMHD are aptly summarized by Keli Acquaro, Hawaii Family Guidance Center Chief on the nomination:

*"Since July 2005, our Puna Mental Health Supervisor position has been vacant. Charmaine stepped up to fill that void, essentially doubling her workload. She has done this for the past 8 months without complaint. Since assuming this additional supervisory role, she has not only kept the Puna section afloat...we have seen the Puna section's performance improve, despite really high caseloads! She really raised the bar for them, and they have responded very positively to her active supervision. I repeatedly hear comments from staff about how much they have appreciated Charmaine's support during this difficult time. Other members of the management team have also been impressed by her ability to roll up her sleeves and get important things done without complaint or drama. I have really been impressed with the things she has been able to do, both to bolster morale among staff and to help clients and families access services. Her dedication over the last 8 months really deserves our recognition and gratitude."*

Please join us in congratulating Charmaine!

*"May you live every day of your life."  
Jonathan Swift*



Branch Chief Keli Acquaro, son Ka'io and Charmaine

## *Hui Ho'okele Day* (Continued from page 6)

There were many symbolisms in the act of not only the blessing ceremony itself, but in the gathering and preparation of "the piko". A few of us volunteered to gather native plants for the piko: Willy Kalei, Ka'ipo Freitas, Keola Kenoi-Okajima, Dr. Vicki Stoddard and myself drove up to Saddle Road with Auntie Ulu the day before the event to gather them. We gathered Kupukupu, an indigenous plant that symbolizes strength and perseverance, because it is known for being the first native plant to rise up out of the a'a after a lava flow, 'Ohia blossoms and Koa, each known for their native connection to the Big Is-



land, and for its beauty and strength. Kukui leaves symbolizing enlightenment and knowledge were also gathered for the piko. These plants were trimmed and bound together by yards of ti-leaf lei (the name that the twisting of the ti-leaves is known as shares the place name of where our office is also located: "Hilo") and hung at the top center of our doorway. Auntie Ulu went through the corridors of our Center with our three benevolent lead-

ers: Keli Acquaro, Branch Chief, Charmaine Mattos, MHS1-Hilo and Rachelle Agrigado-Lancaster, MHS1-Puna as part of the ceremony. The crowd then witnessed these women and the men of our Center, Dr. Ricardo Bayola, Willy Kalei, Samson Kela and Alvin Furumoto "activate the mana" by cutting the tips of the piko, thus releasing the symbolisms of the piko and in the same act, binding us to our commitment with each other and our families that we serve. It was a spiritual moment and several comments by many have said long after the event that the camaraderie, team spirit and support in our office has never been stronger. (Photo above: Ola Jenkins, Keola Kenoi-Okajima, Auntie Ulu, Willy Kalei and Dr. Vicki Stoddard)

On the Big Island, we celebrate in a Big Island way and there was an overflowing abundance of food, music and fellowship that lasted until about 8 pm that night. Hula was provided by Ke Ola O Na Kupuna, a senior citizens cultural society. Karla Yamanoha's husband, Rob, serenaded the crowd with his guitar tunes. Many of us took turns giving the community a tour of our new office. A lot of us had fresh printed t-shirts with our FGC symbol on it. We even had a chocolate fondue fountain with strawberries, biscotti, and pretzels to dip into. I drafted the Mayor's Proclamation which Mayor Harry Kim signed declaring the 8th of May, 2006, "Hui Ho'okele Day". The Mayor's liaison, Billy Kenoi (Keola's brother) hand-delivered it at the Open House and it currently sits on our front office counter in all its regal binding. The Open House turned out to be a very successful and joyful event for HFGC.

In closing, "Hui Ho'okele", translates to "hui" meaning group or organization and "ho'okele" meaning steersman or guide. In essence, Hui Ho'okele encompasses what the Hawaii Family Guidance Center is





## ***Welcome to New Staff***

Ray Mescallado, Sara Tamayose—Admin, Billing Clks  
Jasmine Nishioka—Admin  
Julie Watanabe—MIS  
Thomas Kan - Fiscal Account Clk  
Amy Yee, Charles Kerr—MIS  
Tracy Kobayashi—COFGC MHCC  
Gary Beale—FCLB Clinical Psychologist  
Mark Gerum—KP FGC SW IV  
Wesley Aoki—Hon FGC Clerk Typist  
Jeannette Choy—LOFGC MHCC  
Allan Nebrija—LOFGC MHCC  
Waiyaki Gladwell—Windward FGC MHCC  
Michelle Bacos—Maui FGC Stats Clk  
Jeena Canche—Maui FGC MHCC  
Kalena Eaton—Maui FGC MHCC  
Amy Kaufman—Maui FGC Stats Clerk

## ***Events of Note***

**July 8, 2006** Hawaii Youth Helping Youth Conference, HFFA/CAMHD/SAMSHA sponsored, (9 am to 2 pm at the Filipino Community Center, 94-428 Mokuola, Waipahu)

**July 12-15, 2006**, Training Institute, Orlando Florida, Mary Brogan, Christina Donkervoet, Eric Daleiden and Susan Cooper (HFAA) will present an Institute on "Integrating Perspectives to Conduct Useful Evaluation to Improve Services and Systems of Care."



Christina M. Donkervoet, M.S.N., A.P.R.N.  
Chief CAMHD

Central Oahu FGC, Alton Tamashiro, ACSW, LSW  
Family Court Liaison, Rachel Guay, ACSW, LSW  
Hawaii FGC – Keli Acquaro, M.A.  
Honolulu FGC, Paul Rupf, M.S.  
Kauai FGC, Madeleine Hiraga-Nuccio  
Leeward Oahu FGC, Leonard Batungbacal, M.S.  
Maui FGC, Virginia Shaw, Ph.D.  
Windward Oahu FGC, Pat Harnish, Ph.D.  
Performance Manager, Mary Brogan, M.Ed.  
PHAO, T. Orvin Fillman, D. P.H.  
Medical Director John Viesselman, M.D.

*The mission of the Child and Adolescent Mental Health Division is to provide timely and effective mental health services to children and youth with emotional and behavioral challenges and their families.*

## **Share Your News**

**Please share your stories of success, special events, trainings, and any other noteworthy activities that others may want to hear about. Call Ku'ulei Wilton, Provider Relations Liaison at 733-9857 or email her at [hkwilton@camhmis.health.state.hi.us](mailto:hkwilton@camhmis.health.state.hi.us).**

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